Carol J. Weiss, M.D.

1044 Madison Avenue

Penthouse 1

New York, New York 10075

212-988-1209 cjweiss@optonline.net

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RE: Sam Israel III Butner inmate 84430-054

My name is Carol J. Weiss, M.D. I am a board certified addiction psychiatrist with expertise in Pain Management. I treated Mr. Israel for 6 years before his incarceration. I am writing this letter to explain why I believe it is inhumane and medically irrational to deprive Mr. Israel of opioids for his chronic pain condition.

1. Opioid maintenance is a well documented effective treatment modality for chronic non-malignant pain. If not abused, or taken in excess, it enhances function and can prevent or replace surgical interventions.

2. Mr. Israel did not abuse his opioids in the 6 years I treated him, nor during his 5 years of incarceration. He ingested his patch once, shortly after discharge from the cardiac intensive care unit, while in a panicked state, when he feared he was having a recurrence of a cardiac emergency.

3. Opioids have enabled Mr. Israel to exercise to strengthen his muscles, which in turn minimizes his musculo-skeletal deficits and need for subsequent surgeries. My understanding is another surgery was recommended by the orthopedic specialist who saw Mr. Israel last year. I also understand that Mr. Israel has not been able to maintain his fitness since being taken off opioids and has experienced considerable and measurable muscle atrophy.

4. Hyperalgesia, the phenomenon of heightened sensitivity to pain due to opioid use, is not a relevant principle in Mr. Israel's case. Hyperalgesia is not a universal phenomenon among opioid users, and particularly not Mr. Israel, who achieved relief from moderate doses of opioids, and did not require ever escalating doses.

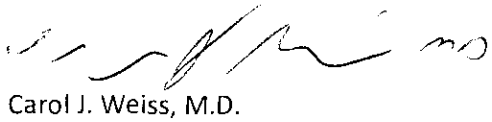
5. The non-opioid pain medications he is being prescribed (pregabalin 300, nortriptyline, and acetaminophen, I believe) do not compensate for the absence of the opioids and do not adequately manage his pain.

6. Since being taken off his opioid pain medication, on multiple occasions, Mr. Israel has demonstrated behavioral disturbances that have resulted in his placement in the SHU, where the conditions significantly exacerbate his physical discomfort. This set of circumstances strikes me as exquisitely irrational and sadistic. Behavioral disturbances such as irritability, agitation, anxiety, and depression are the expected behavioral outcome of opioid discontinuation in someone who has been stably maintained on opioids for over 11 years. There is abundant medical literature to support the concept that endogenous opioid production is permanently and irretrievably suppressed after just 7 years of opioid maintenance. The numerous suicides among newly incarcerated opioid dependent inmates taken off their opioid maintenance led to the development of a humane opioid maintenance program in New York Rikers Island (The Key Extended Entry Program –KEEP) in 1987. Since then, many correctional facilities have followed suit.

7. This inhumane cycle does not make sense to me: his opioid maintenance is discontinued, provoking him into a state of behavioral disturbance and physical disability; then he is punished for this behavior by further exacerbating his physical disability.

I urge you to reconsider the medical course you are taking in the care of inmate Sam Israel. It would not stand the test of reasonable or humane practice in the general medical community.

Sincerely,



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